



JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

CYNTHIA A. HARDING, M.P.H.
Chief Deputy Director

313 North Figueroa Street, Room 806
Los Angeles, California 90012
TEL (213) 240-8117 · FAX (213) 975-1273

www.publichealth.lacounty.gov



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February 04, 2014

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

23 February 4, 2014

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

Dear Supervisors:

RATIFY PRIOR ACCEPTANCE OF A LETTER OF AWARD AND AUTHORIZE ACCEPTANCE OF FUTURE AWARDS AND/OR AMENDMENTS FROM THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH – TUBERCULOSIS CONTROL BRANCH TO SUPPORT TUBERCULOSIS PREVENTION AND CONTROL SERVICES FOR THE PERIOD OF OCTOBER 1, 2013 THROUGH JUNE 30, 2016

SUBJECT

Ratify prior acceptance of a Letter of Award and provide authorization to accept and execute future awards and/or amendments from the California Department of Public Health – Tuberculosis Control Branch to support tuberculosis prevention and control services for the period of October 1, 2013 through June 30, 2016.

IT IS RECOMMENDED THAT THE BOARD:

1. Ratify the Department of Public Health's (DPH) prior acceptance of a Letter of Award (LOA) (Attachment I) from the California Department of Public Health – Tuberculosis Control Branch (CDPH-TBCB) in the amount of \$139,800 for the period of October 1, 2013 through March 31, 2014 to support tuberculosis (TB) prevention and control services.
2. Delegate authority to the Director of DPH, or his designee, to accept and execute future awards and/or amendments that are consistent with the requirements of the LOA referenced above that extend the term through June 30, 2016, at amounts to be determined by CDPH-TBCB; reflect non-material and/or ministerial revisions to the award's terms and conditions; allow for the rollover of unspent funds and/or redirection of funds; and/or provide an increase or decrease in funding up to 25 percent above or below each term's annual base amount, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Office.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of Recommendation 1 will ratify DPH's acceptance of TB Special Needs Funds from CDPH-TBCB for the period of October 1, 2013 through March 31, 2014 to address ad hoc acute, non-enduring TB control activities such as extended contact investigations, increased activities associated with multi-drug resistant TB (MDR TB) cases, and outbreaks. Specifically, these funds allow contracted staff to assist DPH with addressing the continuing TB outbreak among the homeless within the Skid Row area and implementing recommendations from the Centers for Disease Control and Prevention (CDC) Epi-Aid to: 1) find and treat active cases; 2) diagnose and treat latent TB infection; 3) work with shelters to implement a TB control plan; and 4) conduct outbreak response.

The funding period of the LOA, received on November 19, 2013, corresponds to the period that the Los Angeles Homeless Services Authority expands shelter services through the Winter Shelter Program. Ratification of prior acceptance and implementation of the LOA allows DPH to maximize success locating, testing, and treating contacts.

Approval of Recommendation 2 will allow DPH to accept future awards and/or amendments that are consistent with the requirements of the LOA to extend the term of the award; reflect non-material revisions to terms and conditions; rollover unspent funds and/or redirect funds; and/or provide an increase or decrease in funding up to 25 percent above or below each term's annual base amount.

Implementation of Strategic Plan Goals

The recommended actions support Goal 3, Integrated Services Delivery, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

DPH has accepted the LOA from CDPH-TBCB in the amount of \$139,800 in trust account funds for the period of October 1, 2013 through March 31, 2014. These funds support contracted medical personnel (registry personnel) and supply costs. There is no net County cost associated with this action.

Funding is included in DPH's fiscal year (FY) 2013-14 Adopted Budget and will be requested in future FYs, as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Since 2001, your Board has accepted CDPH-TBCB funding to support TB prevention and control services.

On March 5, 2013, your Board was notified that DPH was exercising delegated authority to accept an LOA from CDPH-TBCB in the amount of \$60,450 for the period of January 1, 2013 through June 30, 2013 to provide TB test supplies, shipping, diagnostics, and test results to support DPH's response to the Homeless TB Outbreak in the Skid Row/downtown area.

On October 24, 2013, DPH submitted a Special Needs Funds application to CDPH-TBCB for approval to expend Trust Account funds. The application was approved and the LOA received on November 19, 2013 for the period of October 1, 2013 through March 31, 2014.

On December 17, 2013, DPH submitted a Board memo (Attachment III) to your Board stating that, due to the short window of opportunity to respond to the outbreak of TB among the homeless, DPH was signing the LOA to expedite the acceptance of funds.

County Counsel has reviewed and approved Attachment I as to form. Attachment II is the Grant Management Statement. Attachment III is the Board memo.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended actions will allow DPH to coordinate a team that will canvas the Skid Row area of downtown Los Angeles to locate, screen, and treat contacts on the list identified through the CDC Epi-Aid.

Respectfully submitted,

A handwritten signature in blue ink that reads "Jonathan E. Fielding". The signature is written in a cursive, flowing style.

JONATHAN E. FIELDING, M.D., M.P.H.

Director and Health Officer

JEF:fcl
#02849

Enclosures

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisor



Ron Chapman, MD, MPH
Director

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

November 19, 2013

Jonathan E. Fielding, M.D., M.P.H.
Health Officer
Los Angeles County Department of Public Health
313 North Figueroa Street, Room 806
Los Angeles, CA 90007-2608

Dear Dr. Fielding:

LETTER OF AWARD – Tuberculosis Trust Account Award: TB Outbreak Among Homeless Persons

FUNDING PERIOD – October 1, 2013 through March 31, 2014

This letter of award is in response to the request for additional funds to support tuberculosis (TB) control activities submitted on October 24, 2013 by the Los Angeles County Department of Public Health. The California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) has approved the request for assistance to fund TB activities associated with outbreak mitigation efforts.

AWARD

Los Angeles County Department of Public Health may expend \$139,800 from the TB Trust Account – Fund S9X to support TB control activities associated with an outbreak among homeless persons. This award must be used for expenditures in the approved budget in Attachment 1.

MANAGING YOUR AWARD

The FY 2013-2014 Tuberculosis Control Local Assistance Funds, Standards and Procedures Manual, Part 1 describes requirements for the use of these funds. Reimbursement is contingent upon compliance with these standards and procedures. The Manual and forms are located on the CDPH TBCB internet site at: <http://www.cdph.ca.gov/programs/tb/Pages/LocalAssistanceAward.aspx>.

Invoicing for your TB Trust Account Award

This award is separate from your Base Award. When invoicing for approved expenditures, please refer to the award as the “TB Trust Account Award – TB Outbreak Among Homeless Persons – October 1, 2013 through March 31, 2014.”

- A signed original invoice (in blue ink) must be submitted on your organization’s letterhead

- Mail invoices to:

California Department of Public Health
Tuberculosis Control Branch
850 Marina Bay Parkway, Building P, 2nd Floor
Richmond, CA 94804-6403
Attn: Mr. David Beers, Fiscal Analyst

- Invoice schedule:

Quarter	Period Covered	Due Date
Second	October 1 through December 31	February 18
Third	January 1 through March 31	May 15

- Invoice(s) should contain the total and remaining Trust Account balance
- The invoice(s) for this award shall include only actual expenditures for the approved line item(s)
- If an invoice will not postmarked and sent by the quarterly due date, please contact the CDPH TBCB Fiscal Analyst to request an extension

Approved invoice expenditures will be authorized as charges to the TB Trust Account. Approved invoices will be returned to the Los Angeles Department of Public Health Tuberculosis Control Program via email.

ACCEPTANCE OF YOUR AWARD

To acknowledge your acceptance of this award and the conditions attached to it, please return a hard-copy of Attachment 2, “Acceptance of Award” form, with an authorized original signature to:

California Department of Public Health
Tuberculosis Control Branch
850 Marina Bay Parkway, Building P, 2nd Floor
Richmond, CA 94804-6403
Attention: Mr. David Beers – TB Trust Account Award

The CDPH TBCB cannot process your invoice until the signed “Acceptance of Award” is received.

Jonathan E. Fielding, M.D., M.P.H.

Page 3 of 3

November 19, 2013

Fiscal questions should be directed to me at (510) 620-3037 or by email to Sue.Spieldenner@cdph.ca.gov. For programmatic questions, please contact Michael Joseph, your Program Liaison, at (562) 570-4360 or by email to Michael.Joseph@cdph.ca.gov.

Sincerely,

A handwritten signature in cursive script that reads "Sue Spieldenner".

Sue Spieldenner, RN, M.P.H.
Chief, Resources Planning and Management Section
Tuberculosis Control Branch
Division of Communicable Disease Control
Center for Infectious Diseases
California Department of Public Health

**Tuberculosis Special Needs Funds Application
Detail Budget FY 2013 - 2014**

Jurisdiction: County of Los Angeles

Submission Date: September 26, 2013

LINE ITEM CATEGORY	AMOUNT
Personnel (Benefits)	\$
Benefits (@ %)	\$
Personnel (Non-Benefits)	\$
Travel	\$
Equipment	\$
Supplies	\$ 15,000
Contractual	\$ 124,800
Other	\$
TOTAL BUDGET	\$ 139,800

Prepared by: Stuart McMullen

Telephone: (213) 745 - 0841

E-mail: smcmullen@ph.lacounty.gov

Tuberculosis Special Needs Funds Application
Detail Budget FY 2013 - 2014

Jurisdiction: County of Los Angeles

Submission Date: September 26, 2013

LINE ITEM CATEGORY	AMOUNT
<u>Personnel (Benefits) (Title, %FTE, duration, i.e., number of weeks or months)</u>	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
Total Personnel (Benefits)	\$
<u>Benefits (@ %)</u>	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
Total Benefits	\$
<u>Personnel (Non-Benefits) (Title, %FTE, duration, i.e., number of weeks or months)</u>	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
Total Personnel (Non-Benefits)	\$
GRAND TOTAL – PERSONNEL SERVICES	\$

Tuberculosis Special Needs Funds Application
Detail Budget FY 2013 - 2014

Jurisdiction: County of Los Angeles

Submission Date: September 26, 2013

LINE ITEM CATEGORY	AMOUNT
Travel	
<u>Within Jurisdiction</u> (Provide miles x county mileage rate, not to exceed \$0.565/mile)	\$
<u>Outside of Jurisdiction</u>	\$
Total Travel	\$
Equipment (Itemize)	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
Total Equipment (Equipment purchase cannot exceed \$50,000)	\$
Supplies (Itemize general supplies vs. medical supplies)	
1. Patient Incentives (\$10 gift cards for a local restaurant) x 1500 qty	\$ 15,000
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
Total Supplies	\$ 15,000
GRAND TOTAL	\$ 15,000

Tuberculosis Special Needs Funds Application
Detail Budget FY 2013 - 2014

Jurisdiction: County of Los Angeles

Submission Date: September 26, 2013

LINE ITEM CATEGORY	AMOUNT
<u>Contractual (Identify type of contractor, e.g. CBO). Submit copy of contract</u>	
1. Registered Nurse –(\$58/hour) x 100% x 13 weeks x 2 FTE	\$ 60,320
2. Certified Medical Assistant –(\$31/hour) x 100% x 13 weeks x 4 FTE	\$ 64,480
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
11.	\$
12.	\$
13.	\$
14.	\$
15.	\$
Total Contractual Services	\$ 124,800
<u>Other (Itemize)</u>	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
11.	\$
12.	\$
13.	\$
14.	\$
15.	\$
TOTAL OTHER	\$

ACCEPTANCE OF AWARD

Los Angeles County Department of Public Health

Funding Period – October 1, 2013 through March 31, 2014

**Letter of Award – Tuberculosis Trust Account Award –
TB Outbreak Among Homeless Persons**

Funding: \$139,800

I hereby accept this award. By accepting this award, I agree to the requirements as described in the Standards and Procedures Manual for FY 2013-2014 and any other conditions stipulated by the California Department of Public Health, Tuberculosis Control Branch.


Authorized Signature

12/17/13
Date

Cynthia A. Harding
Print Name

Chief Deputy Director
Title

Los Angeles County Chief Executive Office
Grant Management Statement for Grants Exceeding \$100,000

Department: **Public Health**

Grant Project Title and Description:

Temporary Personnel Services support is requested to assist the Department of Public Health (DPH) with implementation of the recommendations from CDC Epi-Aid, with regards to the continuing TB outbreak among the homeless within the Skid Row area. The DPH will coordinate a "Strike Team" comprised of Contracted staff who will canvas the Skid Row area of downtown Los Angeles to locate, screen, and treat contacts on the list of 18,000 identified through the CDC Epi-Aid.

Funding Agency

**California Department of
Public Health – Tuberculosis
Control Branch**

Program (Fed. Grant #State Bill or Code #)

Tuberculosis Special Needs Funds

Grant Acceptance Deadline

February 18, 2014

Total Amount of Grant Funding: **\$139,800**

County Match Requirements: **N/A**

Grant Period: **FY2013-14**

Begin Date: **10/01/2013**

End Date **03/31/2014**

Number of Personnel Hired Under this Grant:

Full Time: **N/A**

Part Time: **N/A**

Obligations Imposed on the County When the Grant Expires

Will all personnel hired for this program be informed this is a grant funded program? Yes ☐ No ☒

Will all personnel hired for this program be placed on temporary "N" items? Yes ☐ No ☒

Is the County obligated to continue this program after the grant expires Yes ☐ No ☒

If the County is not obligated to continue this program after the grant expires, the Department will:

a). Absorb the program cost without reducing other services Yes ☐ No ☒

b). Identify other revenue sources Yes ☐ No ☒

(Describe)

c). Eliminate or reduce, as appropriate, positions/program costs funded by this grant Yes ☒ No ☐

Impact of additional personnel on existing space: **None**

Other requirements not mentioned above: **None**

Department Head Signature

Cynthia A. Herdij

Date

12/17/13



JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

CYNTHIA A. HARDING, M.P.H.
Chief Deputy Director

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Fifth District

December 18, 2013

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H. *J. E. Fielding as*
Director and Health Officer

**SUBJECT: LETTER OF AWARD FROM THE CALIFORNIA DEPARTMENT OF
PUBLIC HEALTH TO SUPPORT THE COUNTY'S RESPONSE TO
TUBERCULOSIS AMONG THE HOMELESS**

The Department of Public Health (DPH) has received a Letter of Award (LOA) (Attachment I) from the California Department of Public Health – Tuberculosis (TB) Control Branch authorizing DPH to expend \$139,800 from the TB Trust Account – Fund S9X. These funds will allow contracted staff to assist DPH in mitigating the spread of TB among the homeless within the Skid Row area, and to implement the Centers for Disease Control and Prevention Epi-Aid recommendations to: 1) find and treat active cases; 2) diagnose and treat latent TB infection; 3) work with shelters to implement a TB control plan; and 4) conduct outbreak response.

The funding period for this award, received by DPH on November 19, 2013, is October 1, 2013 through March 31, 2014. This time period corresponds to the period that the Los Angeles Homeless Services Authority expands shelter services through the Winter Shelter Program. To maximize DPH success in locating, testing, and treating TB contacts, the LOA needs to be executed and implemented as soon as possible.

Due to this abbreviated timeframe, this is to inform you that I will be signing the LOA to expedite the acceptance of the funds. A request to your Board to formally accept the funding is forthcoming.

If you have any questions or need additional information, please let me know.

JF:fcl
#02849